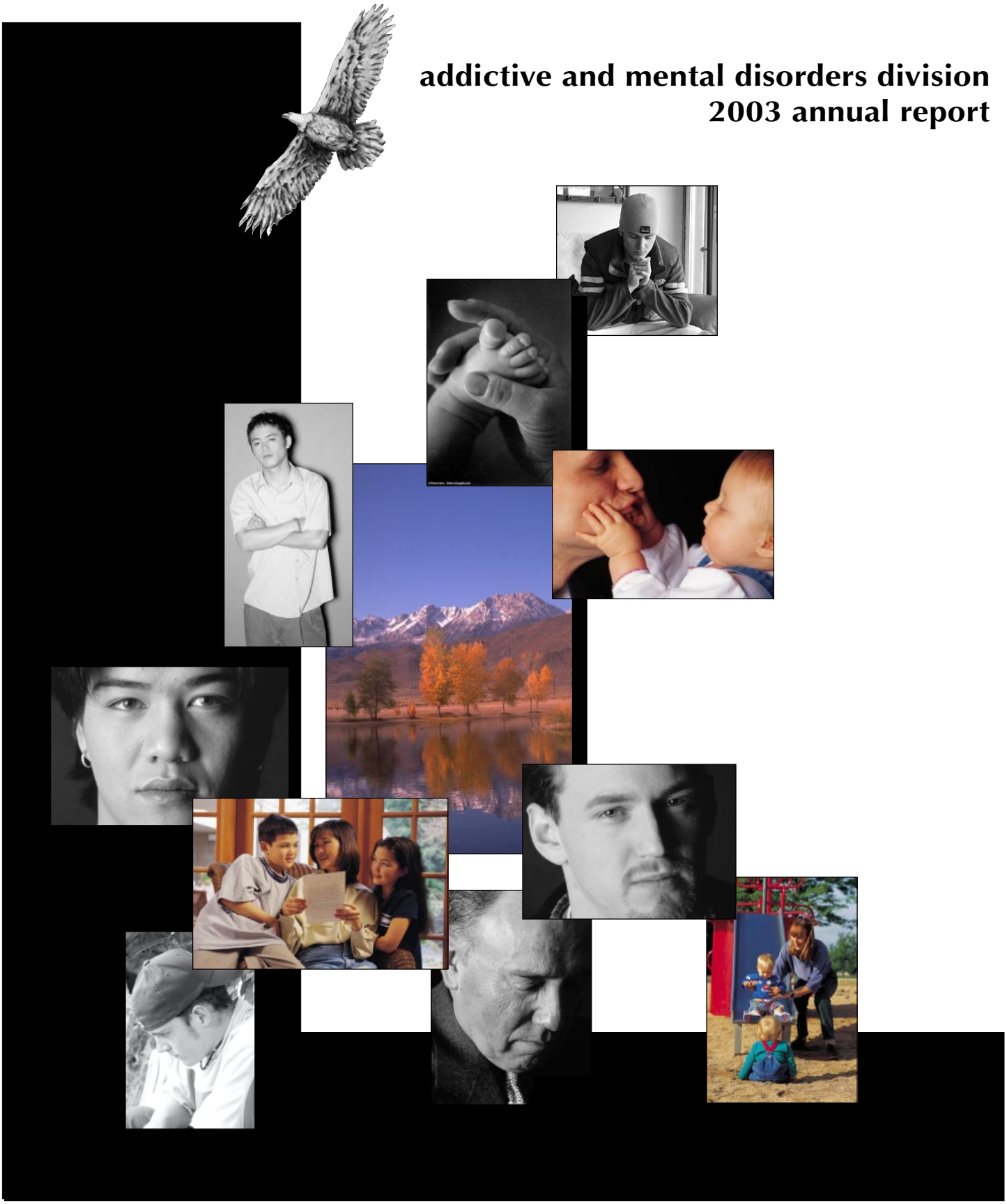
addictive and mental disorders division
2003 annual report



Department of Public Health and Human Services
Addictive and Mental Disorders Division
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MONTANA
Department of Public Health & Human Services

addictive and mental disorders division

A message from the administrator

Dan Anderson, Administrator

.Note: Dan Anderson was the AMDD Administrator in FY 2003, but retired in January 2004. Joyce De Cunzo has been chosen to serve as the new administrator.

Mission
To implement and improve appropriate statewide systems of prevention, treatment, care and rehabilitation for Montanans with addictive and mental disorders.

During Fiscal Year 2003, the Addictive and Mental Disorders Division provided treatment, support and rehabilitation services to 30,000 Montanans of all ages. These children, adolescents and adults all received some combination of treatment, supportive services and/or case management. This equates to the opportunity for recovery. Services were provided in a variety of settings, from state-operated in-patient facilities to clinics, non-profit community-based residential and private out-patient facilities. In addition to receiving direct treatment, thousands were touched by the Division's prevention programs, which are geared to preventing drug, alcohol and tobacco use among Montana's youth.

This year was marked by a drop in revenues and the need for budgetary reductions – first by the Governor, then through a special legislative session. These reductions impacted the Addictive and Mental Disorders Division, the Department of Public Health and Human Services as well as most of state government. The impacts were compounded by a greater-than-expected demand for services by Medicaid recipients. Despite these financial and budgetary difficulties, AMDD successfully achieved the majority of its performance goals.

I would like to take this opportunity to thank the AMDD staff in Helena, Warm Springs, Butte and Lewistown for their dedication, creativity and perseverance during a very challenging year.

Cutting the budgets of health and human service programs is extremely difficult. Fewer people are served, fewer services are offered and/or the rates paid to providers are reduced. AMDD took all three of these measures in FY 2003. The decisions were painful, particularly because they had to be made by the very people who had worked hard over the years to create more services for more people and to ensure adequate support for providers. Other kinds of cuts were made within AMDD itself. Staff positions were left vacant, and some staff members were laid off. This resulted in increased workloads for the remaining staff, making the level of performance achieved by AMDD staff even more extraordinary.

FY 2003 was a landmark year in the advancement of state policy in the area of substance abuse. Governor Martz and Attorney General McGrath appointed members to a Alcohol, Tobacco and Other Drug Policy Task Force that took an in-depth look at the full spectrum of substance abuse issues, from prevention to treatment and justice. For years, AMDD Chemical Dependency Bureau staff has talked about the huge negative impact of substance abuse on our state. The Task Force confirmed this view and offered many recommendations for solutions. During the 2003 legislative session, many of these recommendations found their way into legislation. Not all of the legislation was successful, but bills lowering the DUI blood-alcohol threshold to .08% and strengthening enforcement of minors in possession statutes passed and became law.

Another key piece of legislation was SB 347, which directed DPHHS to begin delegating responsibility for the administration and management of public mental health services to "Service Area Authorities" – organizations governed by broad-based regional coalitions of mental health program stakeholders. This legislation is consistent with the planning AMDD has been doing for years, and moves the mental health program toward the consumer- and family-driven system we have championed.

AMDD is proud to present this report of our achievements and challenges during FY 2003.

Dan Anderson, Administrator

Table of Contents

The Addictive and Mental Disorders Division provides chemical dependency and mental health services through 3 bureaus, 3 in-patient facilities and numerous behavioral health providers.

Bureaus

Operations Bureau, Helena

Bob Mullen, Bureau Chief • 406-444-3518 • bmullen@state.mt.us

The Operations Bureau provides services to the other AMDD bureaus and facilities to ensure a smooth-running, effective system. The Operations Bureau gathers, manages and analyzes data, develops budgets and tracks information relative to budgetary decisions. This bureau also monitors provider claims and project expenditures, develops and monitors contracts and serves as a liaison with legislative and executive budget agencies. The Operations Bureau also makes data-based recommendations to AMDD staff and the Office of Budget and Program Planning (OBPP).

Chemical Dependency Bureau, Helena

Joan Cassidy, Bureau Chief • 406-444-6981 • jcassidy@state.mt.us

This bureau provides a full range of in- and out-patient treatment and prevention services. The CD Bureau organizes and funds prevention activities and assesses Montana's need for chemical dependency treatment and prevention services. The Bureau also oversees chemical dependency treatment services, which are available through contracts with 23 state-approved programs.

Mental Health Services Bureau, Helena

Lou Thompson, Bureau Chief • 406-444-9657 • lothompson@state.mt.us

The Mental Health Services Bureau is responsible for all aspects of publicly funded mental health services, including development, implementation, operation, oversight, evaluation and modification of systems and programs. This bureau creates the policies, procedures and systems necessary to ensure the efficient delivery of mental health services, as well as monitors, oversees and evaluates implementation and operation.

In-Patient Facilities

Montana State Hospital, Warm Springs

Ed Amberg, Administrator • 406-693-7010 • eamberg@state.mt.us

Montana State Hospital serves people from across the state by providing publicly funded in-patient hospital services for adults with serious mental illnesses. The hospital is licensed for 174 hospital beds and 15 transitional care (group home) beds. More than 35 percent of the patient population is comprised of individuals diverted from the criminal justice system as a result of their need for psychiatric evaluation or treatment.

Montana Mental Health Nursing Care Center, Lewistown

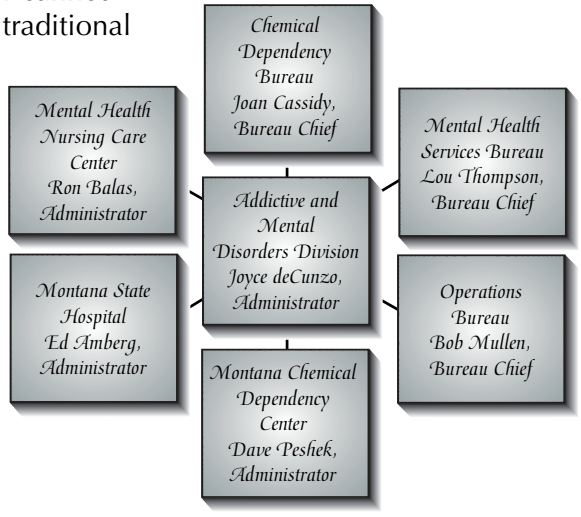
Ron Balas, Superintendent • 406-538-7451 • rbalas@state.mt.us

This nursing care facility provides long-term care and treatment unavailable in the community for people with mental disorders. In general, residents of the nursing care center cannot benefit from the services provided by the Montana State Hospital or traditional nursing homes.

Montana Chemical Dependency Center, Butte

Dave Peshek, Administrator • 406-496-5400 • dpeshek@state.mt.us

The Montana Chemical Dependency Center serves adults requiring in-patient treatment as defined by the American Society of Addiction Medicine. Community-based chemical dependency treatment programs screen for admissions to this 76-bed facility, which is the only state-run chemical dependency in-patient treatment facility in Montana.



Chemical Dependency Bureau

Joan Cassidy, Bureau Chief
406-444-6981
jcassidy@state.mt.us

Note: Roland M. Mena was the Chemical Dependency Bureau Chief in FY 2003, but left this position to become the Executive Director of the Montana Board of Crime Control.

Mission
To provide a continuum of care in all 56 counties and to ensure the most effective and cost-efficient utilization of services.

The Chemical Dependency Bureau administers the publicly funded prevention and treatment system in Montana. This includes a full continuum of care provided through in- and out-patient treatment services, education for DUI offenders and prevention programs. Funding comes primarily from the federal SAPT (Substance Abuse Prevention and Treatment) Block Grant, Montana's earmarked alcohol tax and Medicaid. During FY 2003, the Chemical Dependency Bureau provided a range of quality, effective services in the least restrictive, most appropriate community-based settings possible. Additionally the Bureau focused on:

- increasing capacity by maximizing existing funding streams and cultivating new resources;
- bringing capacity into closer alignment with demand through managed growth;
- developing an integrated continuum of care capable of treating co-occurring substance abuse and mental illness;
- reducing initiation of alcohol and other drug abuse through science-based prevention programs;
- increasing effective treatment through research-based practices;
- expanding understanding and reducing stigma through the drug policy task force and the legislature;
- creating better transitions after treatment; and
- enhancing workforce and professional development.

Fiscal Year 2003
Chemical Dependency Bureau Expenditures*

	Purpose of Expenditure			
Funding Source	**Central Office Administration**	**Treatment Services**	**Prevention Services**	**Total Expenditures**
General Fund	0	0	0	0
Alcohol Tax	$182,863	$ 473,650	0	$ 656,513
Federal Block Grant	$169,029	$5,576,061	$1,205,883	$6,950,973
Federal Medicaid	$ 32,233	$1,047,473	–	$1,083,705
Federal State Improvement Grant	0	0	$2,427,870	$2,427,870
Total	$388,496	$7,096,930	$3,633,753	$11,119,178

*Does not inlcude Montana Chemical Dependency expenditure or alcohol tax funds transferred to counties.

Admissions to State Approved Programs by Region
Fiscal Year 2003

	Number of Admissions			Percent Change from FY02		
Region of State	**Youth[1]**	**Adults**	**Totals**	**Youth**	**Adults**	**Totals**
Western Region[2]	286	2,061	2,347	4.0%	7.2%	6.8%
Central Region[3]	190	2,118	2,308	-14.4%	14.1%	11.1%
Eastern Region[4]	169	1,447	1,616	-16.7%	12.4%	8.5%
Out of State/ Unknown Residence	128	341	469	7.6%	1.5%	3.1%
State Totals	773	5,967	6,740	-5.6%	10.5%	8.3%

Note: Totals do not include admissions to the Montana Chemical Dependency Center.

[1] Ages 0-17.
[2] The Western Region includes Beaverhead, Deer Lodge, Flathead, Granite, Lake, Lincoln, Madison, Mineral, Missoula, Powell, Ravalli, Sanders and Silver Bow counties.
[3] The Central Region includes Broadwater, Blaine, Cascade, Chouteau, Gallatin, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Park, Pondera, Teton and Toole counties.
[4] The Eastern Region includes Big Horn, Carbon, Carter, Custer, Daniels, Dawson, Fallon, Fergus, Garfield, Golden Valley, Judith Basin, McCone, Musselshell, Petroleum, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Stillwater, Sweet Grass, Treasure, Valley, Wheatland, Wibaux and Yellowstone counties

Admissions to State-Approved Programs by Primary Drug of Abuse

	Number of Admissions FY03			Percent Change from FY02		
	Youth	Adults	Total	Youth	Adults	Total
Alcohol	224	3,757	3,981	-16.4%	8.5%	6.7%
Cocaine/Crack	15	110	125	50.0%	3.5%	0.8%
Marijuana/Hash	461	915	1,376	-1.9%	19.3%	11.2%
Heroin	2	59	61	- 0.3%	40.5%	35.5%
Methamphetamines	47	802	849	20.5%	12.6%	13.0%
All Other Substances	24	324	348	-17.2%	6.9%	4.8%
TOTAL	773	5,967	6,740	-5.6%	10.5%	8.3%
Note: Totals do not include admissions to the Montana Chemical Dependency Center.						

Chemical Dependency Bureau Accomplishments of FY03

- Applied for and secured a Substance Abuse Prevention and Treatment (SAPT) Block Grant to provide substance abuse services, a State Improvement Enhancement Grant for prevention and the Robert Wood Johnson Foundation's Resources for Recovery Grant to enhance access to services.
- Provided leadership to the Co-occurring Task Force in its work to develop policies, training and pilot projects designed to enhance co-occurring services in Montana.
- Applied for a SAMHSA (Substance Abuse and Mental Health Services Administration) COSIG Grant to enhance and develop services for those with co-occurring mental illness and substance abuse. Though the grant was not secured, we have made significant progress towards the goals specified in the application.
- Developed recovery homes in Bozeman and Livingston. The recovery homes provide community-based-services to adults struggling with concurrent homelessness, unemployment and co-occurring mental health and substance abuse issues. These programs provide housing and help residents address their basic human needs while accessing community-based substance abuse services. The outcomes are geared to successful recovery.
- Added another Women and Children's Home in Great Falls while maintaining similar programs in Missoula and Billings during a period of questionable funding.
- Expanded Medicaid coverage of substance abuse treatment in order to improve access to services.
- Participated in coalitions to improve enforcement and traffic safety, and to address DUI offenses and MIP violations.
- Participated in the Governor's Task Force on Alcohol, Tobacco and Other Drug Policy in order to develop long-range state planning geared to addressing prevention, treatment and law enforcement issues relative to substance abuse.
- Sponsored conferences on co-occurring disorders and methamphetamine abuse.
- Developed a new contract planning process in partnership with substance abuse treatment and prevention providers to improve community based services.
- Provided assistance to communities in Lincoln and Sanders Counties that had been in danger of losing services due to financial hardship.
- Implemented a "Reward and Reminder" program to reduce underage illegal tobacco purchases in compliance with federal standards.
- Developed training for community prevention specialists to facilitate utilization of a web-based application of the Minimum Data Set (MDS), a federal data collection system that meets requirements for prevention funding.

Mental Health Services Bureau

Lou Thompson, Bureau Chief
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lothompson@state.mt.us

The Mental Health Services Bureau is responsible for the development, implementation, operation, oversight, evaluation and modification of Montana's system for delivering and reimbursing community-based mental health services. Even though the overall population density of Montana is 6.2 persons per square mile, mental health services are available in 100 percent of Montana's 56 counties.

In FY 2003, AMDD administered mental health services for 24,600 Montanans, including:

- Medicaid mental health services for:
  - 8,673 children and adolescents;
  - 10,779 adults;
- Mental Health Services Plan services for:
  - 231 children and adolescents, and
  - 5,005 adults.
- The average annual cost per adult was reduced by 18 percent to $1,527
- The average annual cost per youth was reduced by 10 percent to $5,630

Mission

The Mental Health Services Bureau plans, supports, monitors, and evaluates a system of mental health care for low income Montanans in order to effectively provide for the treatment and recovery of individuals with mental illness and emotional disturbance and their families in accordance with the state's goals and federal requirements.

Cost control measures were distributed over the entire spectrum of services, recipients and options during FY 2003.

MHSP Pharmacy Benefit

The Mental Health Services Plan provides coverage for psychotropic medications for eligible individuals. Pharmaceuticals continue to be one of the largest expenditures for this program. In December 2002, the Department established a monthly reimbursement cap of $250 per person per month. Approximately one-third of the MHSP beneficiaries were affected by this limit. The financial effect of this change is reflected in the table at right.

Average Annual Costs per Consumer	
FY 2000	$ 861.25
FY 2001	$1,103.05
FY 2002	$1,252.11
FY 2003	$ 948.11

Child and Adolescent Mental Health Services

Effective July 1,2003 children's mental health services were transferred to the Child and Adult Health Resources Division.

In FY2003, mental health services were provided to 8,904 children and adolescents, the majority of whom were served in their homes, schools and communities. A small percentage required out-of-home placement to receive treatment. The number of youth placed in residential treatment centers and therapeutic youth group homes was reduced by 7 percent in FY 2003. The number of youth placed in out-of-state treatment centers was reduced by 36 percent.

Service Area Authorities

Service Area Authorities (SAAs) will provide a mechanism for local participation and input into the decision-making process. This will result in improved services for consumers. During 2003, the Central SAA made considerable progress by developing an official leadership task force and holding regular meetings that included this group and a larger congress of stakeholders, consumers, family members and providers.

In January 2004, the Department will complete a comprehensive implementation plan for presentation to the Interim Committee on Children, Families, Health and Human Services.

Program of Assertive Community Treatment (PACT)

PACT is a community-based program for adults who have such severe and persistent mental illness that without these services, it would be impossible for them to function independently. Two PACT pilot programs are in operation. One is in Helena and operated through the Golden Triangle Community Mental Health Center, the other is in Billings and operated through the South Central Mental Health Center. Each serves 65—70 people, most of whom have a history of lengthy or multiple stays in the Montana State Hospital.

PACT programs have been very successful in assisting individuals with severe mental illness to remain independent, when they would otherwise require high-level services through hospitalization, incarceration, foster care or group homes. Though some may need stabilization through more intensive services from time to time, the overall rate of continued independence has been exceptional. Just retaining independence is a remarkable accomplishment for the clients served by PACT, and yet as a result of these services, many PACT clients are working in the competitive job market or continuing their educations.

	PACT Clients	Percent of Days that Clients Maintained Independence	Competitive Work and Education Hours	# of Clients Participating in Work or Education
July-02	135	91.4%	1,663	14
October-02	134	94.4%	1,673	17
January-03	139	93.2%	1368	26
April-03	138	93.5%	1,214	25
July-03	135	92.6%	1,423	29

Projects for Assistance in Transition from Homelessness (PATH)

The federal PATH Program distributes grants to states for use in addressing the needs of people who are homeless and who have serious mental illnesses. The program funds community-based outreach, mental health, substance abuse, case management and other support services. In the federal fiscal year ending September 30, 2003, Montana's community mental health centers served a total of 1,583 people, using a total of $380,390 in PATH and state matching funds.

Goals for FY 2004

The Addictive and Mental Disorders Division will retain responsibility for comprehensive adult mental health services including those provided by Montana State Hospital, Mental Health Nursing Care Center and community mental health services. The following goals will be achieved during FY 2004:

- Sustain core services in support of seriously mentally ill adults;
- Provide a pharmacy benefit for adults eligible for the Mental Health Services Plan;
- Develop group homes for some individuals currently residing at the Mental Health Nursing Care Center;
- Develop one behavioral health in-patient facility to provide an alternative to involuntary admission to Montana State Hospital; and
- Continue the development of a regional mental health system through completion of a comprehensive plan for implementing the SAAs.

Montana Chemical Dependency Center

Dave Peshek, Administrator
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Montana Chemical Dependency Center (MCDC) is the only 24-hour residential in-patient chemical dependency treatment facility in Montana. MCDC has 76 licensed beds, which include 70 treatment beds and 6 detoxification or medical beds. MCDC typically has a waiting list that can run to several weeks, and on average, there are 16 - 20 new admissions weekly. On an annual basis, MCDC serves 800 — 1,000 adults requiring Level III.7 (sub-acute) in-patient level of care, as defined by American Society of Addiction Medicine (ASAM) criteria. 74 percent of all patients are suffering with co-occurring addiction and psychiatric disorders.

- 72 percent of all admissions successfully complete treatment - 71 percent of females and 73 percent of males.
- The average length of stay is approximately 36 days.

Mission
We will consistently provide high quality, multi-disciplinary, in-patient treatment to Montana citizens suffering from addictions and co-occurring addictions and psychiatric disorders.

*Who was served in FY 2003**

- 59 percent male
- 75 percent unmarried
- Average age for men: 32
- Average age for women: 35
- Approximately 48 percent of women had dependent children
- 40 percent of all patients had some level of legal involvement
- 83 percent of all patients were unemployed, including
  - 79 percent of females and
  - 87 percent of males.
- 74 percent of all patients had co-existing mental illness
- 13 percent were homeless prior to admission

*Breakdown by ethnicity**

- 79 percent Caucasian;
- 17 percent Native American;
- 1 percent African American; and
- 3 percent Hispanic

Primary drug of choice

- Alcohol – 56 percent
- Methamphetamines – 23 percent
- Marijuana – 11 percent

The "typical patient at MCDC is a 32-year-old Caucasian male, who is unemployed. He is a poly-drug abuser whose primary "drug of choice" is alcohol. His secondary drug of choice is methamphetamine. He has a co-occurring mental illness, and very likely (40 percent) has had some involvement with the legal system. He will remain in the Chemical Dependency Center for 36 days before being discharged to the community.

Nearly half (49 percent) of MCDC patients report an age of first use of 14 or younger; 72 percent report an age of first use at 16 or younger.*

**** Based on average daily census for Fiscal Year 2003, July 1, 2002 – June 30, 2003.***

Services

- Interdisciplinary and multi-disciplinary addictions treatment services, as well as treatment for individuals with co-occurring addictions and psychiatric disorders.
- Physicians provide physical exams for new patients. The process includes lab work to identify such issues as liver problems, HIV and Hepatitis C.
- Sub-acute detoxification services are provided as needed for admitted patients. This process is medically supervised and carefully monitored. Anyone experiencing acute withdrawal symptoms is transferred to a hospital.
- MCDC physicians and psychiatrists prescribe and manage medication, as necessary, for patients experiencing compromising symptoms of co-occurring psychiatric disorders. The combination of rehabilitation services and appropriate medication has been a highly effective treatment regimen.
- Once the initial assessment process is complete, the staff and the patient create appropriate individual treatment plan. Treatment components include education, self-help projects, specialty groups, spiritual opportunities, Alcoholics Anonymous and/or Narcotics Anonymous meetings, regular exercise and family participation. Group, peer oriented and individual therapy are the mainstays of treatment.

Financial information

Despite the fact that about one-third of the population served is Medicaid eligible, federal regulations prohibit MCDC from accepting Medicaid reimbursement for adult care. MCDC can, however, bill Medicaid for patients between the ages of 18-21, who are considered adolescents by Medicaid. MCDC can also bill Medicare for those who are age eligible under that program.

- The Chemical Dependency Center budget is funded from earmarked alcohol tax appropriations.
- Reimbursement is based on the individual's ability to pay, which is assessed at the time of admission.
- The cost of treatment, per patient per day, was $160 (FY 2003), but, on average, $8.67 per patient day is collected.

Prevalence data

When broken down by race for FY 2003, the prevalence of IV drug use and methamphetamine abuse were higher among Caucasians than any other race.

MCDC BUDGET			
July 1 – June 30	**FY2001**	**FY2002**	**FY2003**
Annual Allocated Dollars	**$2,579,407**	**$2,760,046**	**$2,825,897**

IV drug use

- 24 percent of Caucasian male and 30 percent of Caucasian female patients were IV drug users, as compared to
  - ✔ 6 percent of Native American males and
  - ✔ 8 percent of Native American females.

In FY 2003, approximately 72 percent of MCDC patients were living on incomes below the 2003 Federal Poverty level for one person ($8,980).

Methamphetamine use

- 33 percent of Caucasian male and 38 percent of Caucasian female patients abused methamphetamine.
- 10 percent of Native American patients abused methamphetamine.

2003 Accomplishments

- 80 percent of those scheduled for admission were admitted to MCDC.
- 92 percent of patients rated their satisfaction with the Chemical Dependency Center at excellent or above average levels.
- Recidivism rates have been dropping steadily for the past three years.
  - ✔ An average of 2.91 percent of total admissions between FY 2001 and FY 2003 were return admissions.
- Continued upgrades to our Totally Integrated Electronic Record (TIER) system for clinical recordkeeping and database management.
- Developed a comprehensive webpage linked to the Division and to the Department.
- Implemented a Performance Improvement Committee to assist in facility service/quality improvement.
- Continued to refine and improve our service delivery system to better address the multiple needs of patients with co-occurring addictions and psychiatric disorders.
- Achieved compliance with HIPAA requirements and trained all staff in compliance issues.
- Provided training for all direct-care staff in improved clinical recordkeeping.
- Implemented an interdisciplinary team design during all shifts to facilitate more effective and comprehensive treatment interventions and better continuity.

Montana State Hospital

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Overview

Montana State Hospital (MSH) is the only public in-patient psychiatric hospital in Montana. The hospital was established at Warm Springs in the Deer Lodge Valley by the territorial legislature in 1877.

The staff of the Montana State Hospital makes every effort to coordinate patient care with community providers and to help develop improved public mental health services, statewide, at the community level. The State Hospital also works closely with community mental health programs and hospitals as well as district courts to provide in-patient services unavailable at the community level.

Hospital Mission
To provide quality psychiatric evaluation, treatment and rehabilitation services for adults with severe mental illness.

Montana State Hospital is licensed for 174 beds, and operates two group homes on campus under a mental health center license. These facilities provide 15 additional beds that help prepare patients for transition into community programs. By statute, the hospital can admit only those who are 18 years of age or older. In 2003:

- 70 percent of the patients at Montana State Hospital were male;
- 67 percent were there by civil involuntary commitment;
- 33 percent are there by forensic commitment; and
- 80 percent were between the ages of 18 – 49 on 6/30/2002.

MSH Age Breakdown at the end of the FY 2003

18 to 29	54	26%
30 to 39	53	26%
40 to 49	58	28%
50 to 59	23	11%
60 to 69	14	7%
70 to 79	4	2%
80 to 89	1	1%

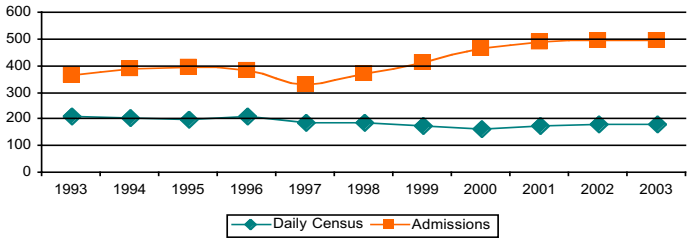
54 percent of the hospital's population has schizophrenia or another psychotic/delusional disorder. 56 percent have a co-occurring substance abuse problem that contributed to the need for hospitalization.

Prevelance of Diagnosis

- Schizophrenia and Psychotic/ Delusional Disorders (49 percent)
- Affective Disorders, including Bi-Polar Disorder (25 percent)
- Personality Disorders (20 percent)
- Dementia and Cognitive Disorders (7 percent)
- Other (2 percent)
- Co-occurring Substance Abuse (56 percent)

(Note: most patients have more than one diagnosed psychiatric disorder.)

About 50 percent of the patient population has chronic physical health problems that require ongoing medical attention. Common physical illnesses include diabetes, obesity, hypertension, Chronic Obstructive Pulmonary Disease (COPD), allergies, and seizure disorders.



The average daily census for FY 2003 was 178, an increase of two over FY 2002. Overcrowding has become a significant issue for the hospital and the licensed capacity of 189 patients was exceeded several times during the year.

	Episodes of Care	Average Daily Population
FY 1997	520	182
FY 1998	553	185
FY 1999	593	173
FY 2000	627	159
FY 2001	653	173
FY 2002	662	176
FY 2003	674	178

"Episodes of care" are considered to be uninterrupted occurrences of hospitalization for an individual patient. This includes the number of individuals in treatment at the beginning of the year and adds all of those subsequently admitted. Individuals may have more than one episode of care if they are readmitted during the year. This is a better measure of the services provided by a healthcare organization than average daily population because it reflects the turnover in patients and the resulting increase to the workload.

- Episodes of care jumped 30 percent between 1997 and 2003, while the average daily census declined slightly.

Treatment programs

Patient services at the hospital are organized into five separate treatment programs, each with a specific focus to meet various patient needs. Within each program, treatment is highly individualized and includes group and individual therapies, vocational and rehabilitation services, medication management and education. Over the year, peer support activities have been developed by the Resident's Council, and provide an important addition to traditional in-patient treatment approaches.

A WING: Acute Program

Capacity: 31 • **Median length of stay:** 10 days
Population Served: Admissions unit for new patients.

Program Objectives: To provide a thorough assessment and stabilization, geared to quick stabilization, allowing prompt, appropriate discharge to community level services.
Description: Most patients enter the Hospital through this treatment unit. A multidisciplinary treatment team conducts a thorough assessment and develops treatment objectives and initial discharge plans. Every effort is made to rapidly stabilize patients and return them to the community where they will receive follow-up care. Patients who are not able to stabilize rapidly or who face significant discharge barriers (e.g., lack of housing or system support) are transferred to other hospital treatment programs.

B WING: Geriatric Program

Capacity: 26 • **Median length of stay:** 127 days
Population Served: Elderly adults and others who have self-care and/or mobility limitations in addition to their psychiatric conditions. People in this unit typically present significant behavioral problems that preclude placement in a nursing home or other community setting until stabilized.

Program Objectives: To provide a combination of intense psychiatric, nursing and other medical services to meet the special needs of each individual.
Description: The composition of the patient population on this unit has changed somewhat, reflecting the trend of fewer older adults in the MSH patient population. This unit serves people with physical as well as psychiatric problems, and individuals needing a high level of assistance with self-care activities.

D WING: Forensic Program

Capacity: 32 • **Median length of stay:** 112 days
Population Served: Individuals remanded through the criminal justice system for evaluation, treatment or detention, including several inmates transferred from state correctional institutions.

Program Objectives: Provision of the comprehensive assessment and evaluation required for criminal court proceedings and treatment of mentally disordered offenders.
Interventions: A full range of active psychiatric treatment in a secure setting. In addition to the interventions described above, programs include sex offender and dual disorder treatment, psycho-social education, rehabilitation and vocational therapy.

E WING: Intensive Program

Capacity: 25 • **Median length of stay:** 866 days
Population Served: Forensic patients and civil commitments with serious behavioral problems.

Program Objectives: Provision of highly structured, behaviorally oriented treatment that targets serious behavior problems. Specific interventions include anger management and effective communication strategies.
Description: This unit provides a therapeutic community for individuals who need to learn appropriate social and interpersonal skills prior to community placement.

SPRATT BUILDING: Psychosocial Rehabilitation Program

Capacity: 60 • **Median length of stay:** 123 days
Population Served: People with significant unresolved psychiatric symptoms that adversely impact their ability to adapt to community placement.

Program Objectives: To foster the skills needed for successful community living, with a focus on autonomy. Program-specific activities include resident employment and/or school programs.

TRANSITIONAL UNITS

Capacity Transitional Care Unit (TCU): 8
Capacity Forensic Transitional Care Unit: 7
Median Length of Stay Johnson House: 374 days
Median Length of Stay Mickleberry House: 472 days
Johnson House is associated with the Psychosocial Rehabilitation Program, and Mickleberry House is associated with the Forensic Program. These transitional units are located in separate residential housing facilities on the hospital campus and operated under state standards for adult group homes.
Population Served: Patients whose psychiatric illnesses have been stabilized, but who need to refine and practice essential skills in a normal living environment before transitioning to the community.

Program Objectives: Successful transition to the community. This program provides lower levels of care, utilizing a comprehensive recovery model.

Ongoing cost control

Montana State Hospital once again experienced great success in managing costs during Fiscal Year 2003. Personnel costs comprise about 81 percent of the hospital's operating budget. Medications, medical services, food, utilities and other expenses make up the balance. The hospital had operating expenses of $19,393,788 for FY 2003, exclusive of donations and canteen expenses. This represents and increase of $394,501 over FY2002, but is less than what the facility's operating expenses were ten years ago: in FY 1993, they were $19,943,527.

Annual Expenditures Montana State Hospital

	A. Average Cost per Patient Day (Actual)	B. Equivalent in 1993 $	C. Keeping Even with 1993 –What it Would Cost in Current $	D. % Reduction* in Equivalent 1993 $
FY 1993	$312.00	$312.00	$312.00	
FY 1994	$267.00	$260.26	$320.07	-19%
FY 1995	$276.00	$261.69	$329.05	-20%
FY 1996	$263.00	$242.44	$338.73	-28%
FY 1997	$296.00	$266.42	$346.63	-23%
FY 1998	$280.00	$248.17	$352.01	-30%
FY 1999	$298.00	$258.44	$359.74	-28%
FY 2000	$317.00	$265.98	$371.83	-28%
FY 2001	$309.00	$252.14	$382.35	-34%
FY 2002	$296.00	$241.53	$382.35	-37%
FY 2003	$291.85	$229.45	$396.86	-42%

Figures calculated by: Federal Reserve Bank of Minneapolis, CPI Inflation Calculator http://minneapolisfed.org/research/data/us/calc/
*(Column C – Column B)/Column C = Column D

- When adjusted for inflation, this represents a 42 percent reduction in the hospital's budget over the ten-year period.

- At the same time, the hospital is providing more episodes of care each year in response to the gradual increase in the number of admissions and discharges.

These are remarkable achievements at a time when the inflationary growth of healthcare costs is prevalent.

Guiding Principles
- Keep people safe
- Treat people with respect, trust and dignity
- Consider all patient needs with sensitivity
- Utilize a holistic approach for provision of care
- Assist patients toward achieving greater levels of self-sufficiency and autonomy

2003 Accomplishments

Patient Care

- Nearly 500 Montanans who needed intensive in-patient psychiatric care were admitted and discharged.
- New procedures were implemented to provide every patient with a "case coordinator" who meets individually with the patient on a scheduled basis and ensures that they have input into treatment and discharge plans.
- A Consultation Team was established to oversee implementation of Dialectical Behavioral Therapy (DBT) in MSH treatment programs.
- Many new treatment programs including Coping Skills, Anger Management and Mental Illness Education were initiated.
- MSH received a three-year grant totaling $21,000 to provide performing and visual arts therapy programs.
- A violence reduction initiative helped reduce patient and staff injury rates and utilization of seclusion interventions.
- Unauthorized leaves were significantly reduced.
- Two psychologists, a dietitian, a chemical dependency counselor and a number of licensed nurses and psychiatric technicians joined the staff.

Resident's Council

- A Peer Support Desk has been established in the Rotunda and patients/consumers provide information for fellow patients/consumers.
- The Resident's Council provided input to AMDD on the development of the state's Service Area Authorities and other issues important to mental health consumers.
- The Council planned and sponsored a number of special programs and social activities throughout the year.
- The Montana Mental Health Association, the Montana Council of Mental Health Centers, and the Addictive and Mental Disorders Division recognized the Council as one of Montana's Outstanding Mental Health Programs at a Legislative Banquet in January 2003.

Other Accomplishments

- With assistance from DPHHS, the hospital developed a web page that including the annual report, census information, employment opportunities and the complete policy manual. The web page can be accessed through the DPHHS website (www.dphhs.state.mt.us), or directly at: http:/www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/montana_state_hospital/montana_state_hospital.htm
- A campus signage plan was developed and streets named, making it easier for visitors to find their way around the campus.
- The Architecture and Engineering Division of the Montana Department of Administration initiated a process to develop a Master Plan for the Warm Springs Campus that will be used to guide current and future campus improvement and operations.
- Union employees and management staff participated in training on developing labor-management committees and on interest-based bargaining procedures.
- The Director of Nursing coordinated a series of meetings with nursing directors from other DPHHS facilities to develop policies and procedures for administering medication and other issues common to all facilities.
- In May, the American Psychiatric Nurses Association, Montana Chapter, held a spring workshop and meeting at MSH.
- Virginia Hill, M.D., Psychiatrist on the Forensic Unit, attended the Annual Meeting of the Forensic Division of the National Association of State Mental Health Program Directors. It was the first time MSH staff had participated in this national program about providing forensic mental health services.
- More than 40 Montana Tech Nursing Students completed a comprehensive clinical training experience at MSH as part of their academic preparation. Other clinical experiences were provided for nursing and psychology students from colleges and universities across the state.

Montana Mental Health Nursing Care Center

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Mission
To help residents overcome barriers and to assist them to grow toward their highest levels of health, wellness and quality of life.

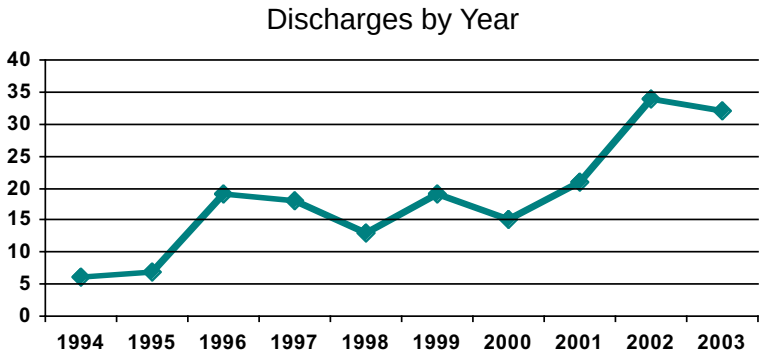
Goal: To facilitate the development, maintenance and expression of appropriate lifestyles for individuals with physical, emotional, mental and/or social limitations.

The Mental Health Nursing Care Center in Lewistown is a licensed and Medicaid certified residential facility that provides long-term care and treatment for people who have mental disorders and require a level of care unavailable in the community. The population served is generally stable and would not benefit from the intensive psychiatric treatment available at Montana State Hospital. The facility currently has a 116-bed capacity, and in FY 2003, had an average daily resident census of 95.5. Through behavioral interventions, advocacy, family and individual counseling, Mental Health Nursing Care Center staff strives to meet the psychosocial, quality of life, therapeutic, physical, mental and emotional needs of residents.

Who is served

Approximately 60 percent of patients are male. Although many residents have multiple diagnoses, approximately 80 percent exhibit:

- Delirium, dementia, amnesic and other cognitive disorders;
- Schizophrenia and other psychotic disorders;
- Substance-related disorders; and/or
- Mood disorders.



The "average" resident of the Montana Mental Health Nursing Care Center is a 68-year-old male who requires a high level of care for dementia, delirium or another cognitive disorder. He has previously been a patient at Montana State Hospital.

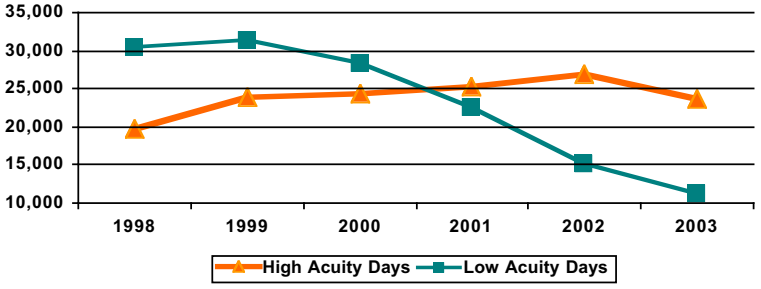
Discharges

In 2003, 29 residents were admitted; 17 died and 32 were discharged. The number of discharges has grown substantially over the past few years because staff members carefully evaluate the level of care and most appropriate placement needed to provide optimum support for each resident.

The overall average daily census has declined from a high of 151.7 residents in FY 1999 to the low of 95.5 in FY 2003.

Care provided

The center provides for two resident care acuity levels. High Acuity includes intensive care for residents in need of total assistance with the activities of daily living; residents of the locked unit who are at high risk for elopement and who have significant behavior problems; and those with dementia who tend to wander and who require significant assistance with the activities of daily living. Low Acuity residents need little assistance with activities of daily living, but require supervision for problem behaviors.



- The 144.27 staff members of the Mental Health Nursing Care Center provided 23,634 days of high acuity level care and 11,083 days of low acuity level care in FY 2003.

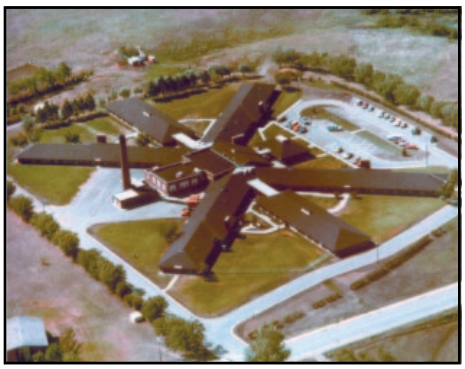
- The 144.27 staff memebers of the Menatl Health Nursing Care Center provided 23,634 days of high acuity level care and 11,083 days of low acuity level care in FY 2003.
- Overall, bed days have declined 30 percent since FY 1998, but high acuity level needs have continued to climb. In FY 2003, high acuity care accounted for 68 percent of the total days of care provided, compared with 40 percent FY 1998.

Staffing Ratios – Direct Care

	Aides	Nurses
Heavy care	1:3.5	1:21
Dementia	1:3.8	1:15
Locked	1:8	1:24
Intermediate	1:10	1:30

Accomplishments for 2003

- The facility was deficiency free in the health care portion of the annual Medicaid survey.
- Medication errors were tracked and reviewed monthly by the Pharmacy Review Committee. Errors were reduced by 33 percent.
- Complied with HIPAA privacy and security standards through staff training, and improved computer and office security.
- The facility operated on the budget appropriated by the Montana State Legislature for FY 2003, expending $4,358,022 in personal services, $1,877,032 in operating expenses, and $7,100 in equipment, with an average bi-weekly payroll of $123,317.
- 32 residents were discharged to private nursing homes. The empty beds were used to relieve some of the overcrowding at Montana State Hospital.


Montana Mental Health Nursing Care Center

Cool facts

- The dietary department served 142,163 meals in FY 2003, at an average cost/meal of $1.32.
- Laundry staff processed well over a quarter of a million (384,869) pounds of laundry.

Operations Bureau

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Goals:

- To improve the Division's automated information systems and explore opportunities to enhance information sharing with consumers, providers and stakeholders.
- To ensure the integrity and consistency of data and to advocate or continuous improvements at all levels. Ensure the protection of consumer health information.
- To ensure timely and accurate fiscal information, enabling quality decision-making.
- To improve the Division's planning processes as a partner with the Mental Health Services Bureau and the Chemical Dependency Bureau.
- To advocate for resources that provide effective staff development and lead to continuous personal and professional improvement.

Mission
The purpose of the Operations Bureau is to provide timely and superior fiscal, planning and information services which assists our customers in operating and evaluating their respective programs.

Operations continued

State Fiscal Year (SFY) 2003 Expenditures: AMDD

As has been the case for many years, SFY 2003 was difficult for the mental health programs within the Addictive and Mental Disorders Division. Not only had we exceeded the mental health budget in SFY 2002 and needed to reduce costs to live within the biennial appropriation, the fiscal picture for the state's general fund was dismal. This poor economic outlook caused the Governor's Office to seek additional reductions of roughly $3 million in AMDD's general fund spending.

Mental Health Expenditures by Program SFY 2003

Program	General Fund	State Special	Federal Funds	Total	Reimbursements Received*
Montana Mental Health Nursing Care Center	$6,242,154	0	0	$6,242,154	$3,376,723
Montana State Hospital	$19,139,572	$254,216		$19,393,788	$4,784,386
Medicaid Mental Health	$11,315,191	$4,730,414	$59,588,898	$75,634,503	
Mental Health Services Plan (MHSP)	$9,043,293	0	$948,763	$9,992,056	
Community Grants	$108,874	0	$326,623	$435,497	
Administration	$991,749	0	$1,325,067	$2,316,816	
Total	**$48,840,833**	**$4,984,630**	**$62,189,351**	**$114,014,814**	

**Note: All three facilities collect revenue for services. Sources include Medicare, Medicaid, private pay, insurance and other miscellaneous sources.*

Ultimately, Medicaid Mental Health and the MHSP programs spent approximately $6 million less than was spent is SFY 2002. Montana's out-of-home care providers, targeted case management organizations and mental health centers deserve credit for working with the Division to reduce costs. If not for their collaboration, making cuts of this magnitude would have been even more difficult than it was.

FY 2003 Chemical Dependency Expenditures by Program

Program	General Fund	State Special	Federal Funds	Total	Reimbursements Received
Montana Chemical Dependency Center	0	$2,426,879	$304,588	$2,731,467	$58,765
Chemical Dependency Medicaid	0	$359,427	$1,047,473	$1,406,900	
Community Grants	0	$114,222	$9,209,814	$9,324,036	
Administration	0	$182,863	$205,262	$388,125	
Totals	0	$3,083,391	$10,767,137	$13,850,528	

In total, the Division spent $131,090,806 in SFY 2003, which included statutory appropriation payments to counties, as well as debt service on the Montana State Hospital. This amount will change significantly in SFY 2004 as a result of the shift of children's mental health programs to the newly established Child and Adult Health Resources Division.

FY 2003 Division Administration Expenditures

Program	General Fund	State Special	Federal Funds	Total
Division Administration	$488,850	$71,513	$398,206	$958,414

Of significance: The Medicaid program expenditures for chemical dependency were 39.5 percent greater than they were in SFY 2002. The number of unduplicated individuals served was 1,083 in SFY 2003 - up from 800 in 2002. This program was started in SFY 2001.

Resources

Addictive and Mental Disorders Division
http://www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/addictive_mental_disorders.htm

> ***AMDD Express:*** http://www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/express/express.htm
>
> ***2002 Annual Report:***
> http://www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/additional/amdd_2002_annual_report.pdf
>
> ***Chemical Dependency Bureau Annual Report 2002:*** http://www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/additional/annual_report_2002.pdf

State Approved Chemical Dependency Treatment Programs:
http://www.dphhs.state.mt.us/services/office_locations/chemical_dependency/state_approved.htm

Drug and Alcohol Prevention Risk and Protective Factor Reporting System:
http://oraweb.hhs.state.mt.us:9999/prev_index.htm

Prevention Resource Center
www.state.mt.us/prevention
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> ***Prevention Resource Center VISTA Project:***
> http://state.mt.us/prevention/VISTA/vistainfo/americorps.htm
>
> ***Prevention Connection Newsletter:***
> http://www.state.mt.us/prc/resources/prevconn/prevconn.htm
>
> ***Weekly Hot News listserv:***
> http://state.mt.us/prevention/resources/Hot_News/hot_news.asp

Governor's Alcohol, Tobacco and Other Drug Policy Task Force
http://www.discoveringmontana.com/gov2/css/drugcontrol/default.asp

Comprehensive Blueprint for the Future: A Living Document
http://www.discoveringmontana.com/gov2/content/drugcontrol/FINAL_ATOD_Task_Force_Report.pdf

Need for Substance Abuse Treatment on Montana's Native American Reservations. 2001.
http://www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/additional/executive_summary_september_2001l.pdf

Substance Abuse and Mental Health Services Administration
http://www.samhsa.gov

> ***Center for Substance Abuse Prevention (CSAP)***
> http://www.samhsa.gov/centers/csap/csap.html
>
> ***Center for Substance Abuse Treatment (CSAT)***
> http://www.samhsa.gov/centers/csat2002/csat_frame.html

Shoveling Up: the Impact of Substance Abuse on State Budgets
National Center on Addiction and Substance Abuse; Columbia University. 2001.
http://www.casacolumbia.org/usr_doc/47299a.pdf

A Coloring Book on Montana Youths' Substance Use, 2002..
Addictive and Mental Disorders Division's Chemical Dependency Bureau. Montana Department of Public Health and Human Services. http://oraweb.hhs.state.mt.us:9999/images/prev/download/surveys_02/colorbook2002.pdf

Licensed Mental Health Centers and Provider Agencies
http://www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/additional/licensed_mp_centers.pdf

Medicaid Mental Health & Public Mental Health Services
http://www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/services/public_mental_health_services.htm

Mental Health Oversight Advisory Council
http://www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/advisory/mental_health_oversight_advisory.htm

2003 MEASURING UP

FISCAL YEAR 2003 PERFORMANCE GOALS: MEASURING UP

AMDD established performance goals for State Fiscal Year (SFY) 2003 to guide activities and allow evaluation of performance. The following summarizes the Division's level of achievement on each goal. Overall, the Division met or exceeded 76 percent of its goals.

Community Partnerships

Goal: Provide practicum and clinical experience to at least 20 nursing students enrolled in Montana colleges and universities.
Result: Met goal — Montana State Hospital provided clinical experience for 91 RN students from:

- Montana Tech (40)
- MSU Great Falls (25)
- Salish Kootenai (23)
- Jamestown University (1)
- Management Interns MSU Great Falls (2)
- AMDD also provided:
  - ✔ Clinical rotations for 3 Montana Tech LPN students.
  - ✔ Tours for 7 students from the MSU-Billings campus; and
  - ✔ Tours for 6 BSN students from MSU-Missoula.

Program Completion Rates

Goal: 67% or more will complete Montana Chemical Dependency treatment programs
Result: Met goal — 71.5% completed treatment.

Goal: 54% of out-patients* and 60% of in-patients* will complete contracted chemical dependency service treatment programs. (*Among clients who do not terminate against medical advise or at staff request.)
Result: Met goal — 74% completed treatment overall.

Compliance with Continued Care Plans

Goal: 70% or more of those who successfully completed their in-patient treatment plans at Montana Chemical Dependency Center will comply with continued care plans.
Result: 58% of patients completing their in-patient treatment plans complied with continued care planning recommendations.

Client/Family Satisfaction

Goal: 88% or more will express satisfaction levels of excellent or above average with Montana Chemical Dependency Center.
Result: Met goal — 92% of patients rated satisfaction at excellent or above average.

Goal: 70% or more will express overall patient/family satisfaction at excellent or above average levels at Montana Mental Health Nursing Care Center.
Result: Met goal — 72% of families rated their satisfaction at excellent or above average.

Goal: 70% or more will express patient satisfaction levels of excellent or good with Montana State Hospital's services.
Results:

- ✔ 67% of respondents rated the overall quality of services as good or excellent. (Patients surveyed had been discharged during FY03; 94 surveys — or about 25% — were returned.)
- ✔ On an in-patient survey completed in November 2002, 60% of the 57 surveys returned rated the overall quality of services favorably.

Quality Care

Goal: 78% or more of those clients scheduled for services at Montana Chemical Dependency Center will be admitted.
Result: Met goal — 80.75% of scheduled patient were admitted.

Goal: 90% or more of the referrals to Montana Chemical Dependency Center will be appropriate
Result: Met goal — 92.75% of patients referred met the criteria.

Goal: Provide chemical dependency services to at least 1,222 youth through state approved programs.
Result: Met goal — 1,363 youth under the age of 21 were served.

Goal: Provide chemical dependency treatment to at least 251 women with dependent children in state approved programs.
Result: Met goal — 862 women with dependent children were served.

Goal: Less than 6% of Montana State Hospital patients will be readmitted within 30 days of previous discharge.
Result: Met goal — 5.67% readmission rate within 30 days of previous discharge.

Goal: Achieve average patient census of less than 175 at Montana State Hospital for the fiscal year.
Result: Average daily census for FY 2003: 178.

Goal: Maintain out-of-state residential treatment placements at or below 15% of total number of youth at this level of care.
Results: The percentage of placements in facilities outside of Montana was equal to or below 15% from October 2002 — June 2003.

- During the first 3 months, placements were 19%, 19% and 18%, respectively.
- At the end of the fiscal year (June 30, 2003), 11% of youth in residential treatment were placed in out-of-state facilities.

Goal: Fewer than 2% of Montana State Hospital patients will experience use of restraint intervention each month.
Result: Overall 2003 rate: 2.03%; met goal in 5 out of 12 months.

Goal: Less than 1.0 hour per 1,000 Montana State Hospital in-patient hours will be spent in restraint.
Result: Met goal — 0.325 hours/1,000 in-patient hours were spent in restraint interventions.

Goal: Maintain the Montana Mental Health Nursing Care Center's quality indicator percentage on the HCFA Facility Quality Indicator Profile at levels equal to or below comparison group percentage in the following domains: Clinical Management, Physical Functioning and Nutrition and Eating.
Result: Met goal — The Center achieved a deficiency free survey on health care and maintained Medicaid certification.

Capacity Building

Goal: Complete development and implement mental health program performance measures.
Result: Data reports were posted monthly, based on data from claims payment systems and First Health Services.

Goal: Publish at least two performance outcome reports.
Result: Not accomplished.

Goal: Maintain licensure of the 3 AMDD in-patient programs and certification of Montana State Hospital and Montana Mental Health Nursing Care Center.
Result: Met goal — Maintained licensure and certification for all AMDD-administered facilities.

Goal: Systemize data transfer between providers and the Department of Public Health and Human Services.
Result: Met goal — Data transmittal system completed, linking providers and the Division. The Community Mental Health Center System assessment was completed. A data set was identified and agreed upon. Provider systems programming is in process.

Goal: Each state-approved program under contract with the Chemical Dependency Bureau will submit, by June 30, 2003, a plan addressing the 6 core Center for Substance Abuse Treatment elements, to improve treatment services for parents with dependent children.
Result: Met goal — Completed.

Regional Development

Goal: Continue to develop a regional mental health system for Montana.

Objective: Complete Planning Guidelines.
Result: Legislative mandates require completion of a comprehensive plan for SAA development in January 2004.

Objective: Hold at least four planning meetings in each service area.
Result: Met goal — Completed. The Central SAA held planning meetings on an ongoing and monthly basis.

Objective: Develop and implement a case management model in each service area.
Result: Met goal — Targeted case management for children and adolescents contracted to six mental health centers, effective January 2003.

Objective: Transfer MHSP eligibility determination and service management to Community Mental Health Centers.
Results: Met goal.

- ✔ Eligibility determination transferred community mental health centers (CMHCs) on 10/01/2002.
- ✔ Contracts for delivery of most services awarded to CMHCs and AWARE for 12/1/02 — 9/30/03.

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http://www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/addictive_mental_disorders.htm

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http://www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/montana_state_hospitalmontana_state_hospital.htm

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